

**DRAFT**

# *Seattle Police Department*

## *Crisis Intervention Identification Course (CIIC)*

# Administrative Briefing

- Please ensure that you sign the Training Roster both days.
- This is an interactive class which requires audience participation.

# Overview

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- This is an 3-hour course designed to provide basic essential informational to communications personnel on identifying behaviors associated with persons in crisis and tools to assist dispatchers in de-escalating the subject.

# The course will consist of the following:

- Determination that mental illness is a primary motivating factor in the incident
- Active listening principals
- Dispatch of Crisis Intervention-trained (CI-trained) officers to the incident
- Suicide Risk and Lethality Assessment

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## Course Objective(s):

- Determination that mental illness is a primary motivating factor in the incident
- Identify Crisis Intervention-Trained (CI-trained) officers to dispatch to the incident
- Utilize active listening principals while communicating with someone in crisis
- Suicide Risk and Lethality Assessment

# Introduction

- This training was developed to give communications personnel additional tools for dealing with individuals who are emotionally distressed or are currently suffering from symptoms of mental illness.

# Introduction

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- In 2012 over 5,000 cases were sent to the Crisis Intervention Unit for additional follow up. This number shows that the frequency at which officers are interacting with individuals who are either emotionally distressed or suffering from some sort of mental illness is happening at a much greater frequency.

# Introduction

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- Additionally, the number of military members returning from various overseas deployments for wartime operations is also increasing. Statistics show that multiple deployments to wartime operations dramatically increase the likely hood of members of the armed forces suffering from symptom of Post-Traumatic Stress Disorder (PTSD).



# SWORDMAN Video

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# SWORDMAN Video

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- 10.5 hour standoff
- “Thanks for not killing me. I thought you were all demons.”
- No illicit drugs or alcohol found in blood during treatment at hospital

# Mental Illness

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- Nobody chooses to develop a mental illness. One in four families is affected.
- Mental illness is a biological illness just like heart disease, cancer or diabetes.
- There is no cure, but many people reach recovery and live full, productive lives.
- Many medications for mental illness create very negative side effects, including kidney and liver disease, diabetes, tardive dyskinesia (involuntary movements of the tongue, lips, face, trunk, and extremities) (Brasic) and death. These factors make medication compliance very difficult. Suggestions like, “Just take your meds” are viewed as insensitive to how difficult this is.

# Mental Illness

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- People with mental illness experience a high level of stigma and social isolation, which inhibits seeking treatment.
- Most people, even in the middle of a mental health crisis, respond positively to kind and patient behavior.

# Field evaluation of persons in crisis

- Diagnosis is defined as a cluster of symptoms.
- Identify common observable signs and symptoms of a person suffering from mental health related concerns.
- What specific **OBJECTIVE** evidence is present to assist in reaching a conclusion that a person is in crisis or suffering from a mental health related concern?

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# Commonly Encountered Diagnoses

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- Schizophrenia
- Bi-polar Disorder
- Depression
- PTSD- Post-traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Personality Disorders

# Schizophrenia

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Symptoms of Schizophrenia typically begin between adolescence and early adulthood for males and a few years later for females.

- Odd behavior
- Poor eye contact, flat affect
- Disorganized speech, non-sensical statements
- The individual appears to be responding to internal stimuli
- The individual makes odd statement or has a fixed unrealistic belief in something
- Paranoia, persecutory statements

# Bi-polar Disorder

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For a diagnosis of Bipolar I disorder, a person must have at least one manic episode.

- Extreme irritability and/or euphoria
- Agitation
- Surges of energy
- Reduced need for sleep
- Extreme talkativeness (hyper-verbal)
- Pleasure seeking
- Increased risk taking behaviors
- Hyper-sexuality
- Excessive spending, cleaning, purchasing



# Bi-polar Disorder Continued

When mania fades the individual experiences depression and realize the consequences of their actions. This may exacerbate the symptoms of the depression.

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# Depression

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- Symptoms of depression include the following:
- Lack of interest
- Lethargy
- The individual looks depressed or says they are depressed
- Excessive yawning / sighing loudly
- Moving slowly or sometimes becoming agitated or unable to settle
- Crying spells / moved to tears easily
- Hygiene looks significantly worse
- Make negative statements about self
- The person engages in self-harm (cutting)

# **PTSD** - Post-traumatic Stress Disorder (PTSD)

- Symptoms include re-experiencing the trauma through:
  - Disturbing dreams or nightmares, distressing and intrusive memories
  - Flashbacks (sensory re-experiencing of trauma)
  - Dissociation
  - Panic / Distress / physiological reaction upon exposure to trauma triggers
  - Difficulty sleeping
  - Anger, difficulty concentrating, hyper-vigilant, paranoid, avoidance / emotional numbing
  - Exaggerated startle response
  - Diminished interest in activities, isolating, alienating from others, flat affect, depression
  - Sense of foreshortened future
  - Substance abuse

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# Acute Stress Disorder

Symptoms include dissociative symptoms such as:

- numbing
- detachment
- a reduction in awareness of the surroundings, de-realization, or depersonalization
- re-experiencing of the trauma
- avoidance of associated stimuli
- significant anxiety
- including irritability
- poor concentration
- difficulty sleeping, and restlessness.

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# Personality Disorders

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The major symptoms of this disorder revolve around unstable relationships, poor or negative sense of self, inconsistent moods, and significant impulsivity.

- Cutting, scratching, or pinching skin enough to cause bleeding or a mark that remains on the skin
- Banging or punching objects to the point of bleeding
- Ripping and tearing skin
- Carving words or patterns into skin
- Burning self with cigarettes, matches, hot water
- Pulling out hair
- Overdosing on medication but it was NOT meant as a suicide attempt
- Attention seeking behavior
- Dramatic behaviors
- Individual seems to be overly involved in others

# Psychotic Disorders

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- Three Types –
  - Biologically Induced
  - Medically Induced
  - Substance Induced

# Biologically Induced

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- The exact cause of psychotic disorders is not known, but researchers believe that many factors may play a role. Some psychotic disorders tend to run in families, suggesting that the tendency, or likelihood, to develop the disorder may be inherited. Environmental factors may also play a role in their development, including stress, drug abuse, and major life changes.

# Medically Induced

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- Hallucinations, delusions, or other symptoms may be the result of another illness that affects brain function, such as a head injury or brain tumor.



# Substance Induced

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- This condition is caused by the use of or withdrawal from some substances, such as alcohol and crack cocaine, that may cause hallucinations, delusions, or confused speech.

# Identification of CI-Trained Officers

- When an incident is received by call takers a quick evaluation should be conducted to determine if a CIT (or “CI-trained”) officer should be dispatched.
- A CI-trained officer has additional training in how to identify and communicate with a person in crisis.

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# Identification of CI-Trained Officers

- The type of crisis does not matter.
- A CI-trained officer can assist with individuals who are suffering from symptomatic behavior associated with a diagnosed (or undiagnosed) mental illness or an individual without a diagnosis who is suffering from a large amount of life stressors.

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# Identification of CI-Trained Officers

- If an officer has attended the WSCJTC 40-hour CIT course, it will be listed in the “Skills” section of their CAD sign in.

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# Active Interviewing Skills

- Used to show an individual that you are listening to what they are saying.
- Displays empathy to the person in crisis.
- Allows the person in crisis to organize their thoughts to begin “labeling” their emotions.
- Excellent way to build rapport.
- Used during the “Reflect” stage of the De-Escalation Model.

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# Active Interviewing Skills

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## M.O.R.E.P.I.E.S.

- M – Minimal Encouragers
- O – Open-ended Questions
- R – Reflecting / Mirroring
- E – Emotional Labeling
- P – Paraphrasing
- I – Use of “I” Statements
- E – Effective Pauses
- S – Summary

# Active Interviewing Skills

## M – Minimal Encouragers

- Small verbal statements made to acknowledge that you are hearing what the individual is saying and you are ready for the next piece of information.

*“Uh-huh, Yeah, Sure”*

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# Active Interviewing Skills

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## Open-Ended Questions

- Asking open ended questions which require more than a one or two word response.
- Forces the individual to elaborate in their answers forcing them to access their cognitive thought process.

*“What brought us here today?”*

*“How did that make you feel?”*

*“Then what happened?”*



# Active Interviewing Skills

## Reflecting / Mirroring

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- A quick re-cap of what the individual had just said to demonstrate that you were listening.

*“I lost my job and I don’t feel like living anymore.”*

*“You lost your job and you don’t feel like living  
anymore.”*

# Active Interviewing Skills

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## Emotional Labeling

- Labeling the emotions that the individual is expressing with non-verbal cues or what he / she are verbally communicating.

*“I HAVE BEEN WORKING AT THE PLANT FOR 10 YEARS  
AND THEN THEY JUST UP AND FIRE ME!!!!”*

*“You are **angry** that they fired you.”*

# Active Interviewing Skills

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## Paraphrasing

- Like Reflecting / Mirroring but a condensed version of what is being communicated.
- Best used at the end of a long monologue.

*“I lost my job, my partner left me, I am out of money and I don’t feel like living anymore.”*

*“What I hear you saying is that you lost your job, partner, money and you don’t feel like living anymore. Is that right?”*

# Active Interviewing Skills

## Use of “I” Statements

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- Use of “I” Statements can be an excellent way to establish boundaries when dealing with someone in crisis.

*“I can talk to you when you stop yelling.”*

*“I can talk to you when you put down the stick.”*

*“I am trying to understand you but it is difficult when you are screaming.”*

# Active Interviewing Skills

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## Effective Pauses

- Effective pauses can be used to:
  - Enforce boundaries
  - Prompt an individual to start talking to ease the pressure of having a one-sided conversation.

# Active Interviewing Skills

## Summary

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- Used as a way to re-communicate the situation the person in crisis has explained and show that you are listening to what they have to say.

*Reflecting / Mirroring + Paraphrasing*

Scenarios

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**Active listening video  
here**

# Suicide Intervention

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## Statistics

- Every 13.7 minutes someone in the United States dies by suicide.
- Nearly 1,000,000 people make a suicide attempt every year.
- 90% of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death.
- Most people with mental illness do not die by suicide.
- Recent data puts yearly medical costs for suicide at nearly \$100 million (2005).



# Suicide Intervention

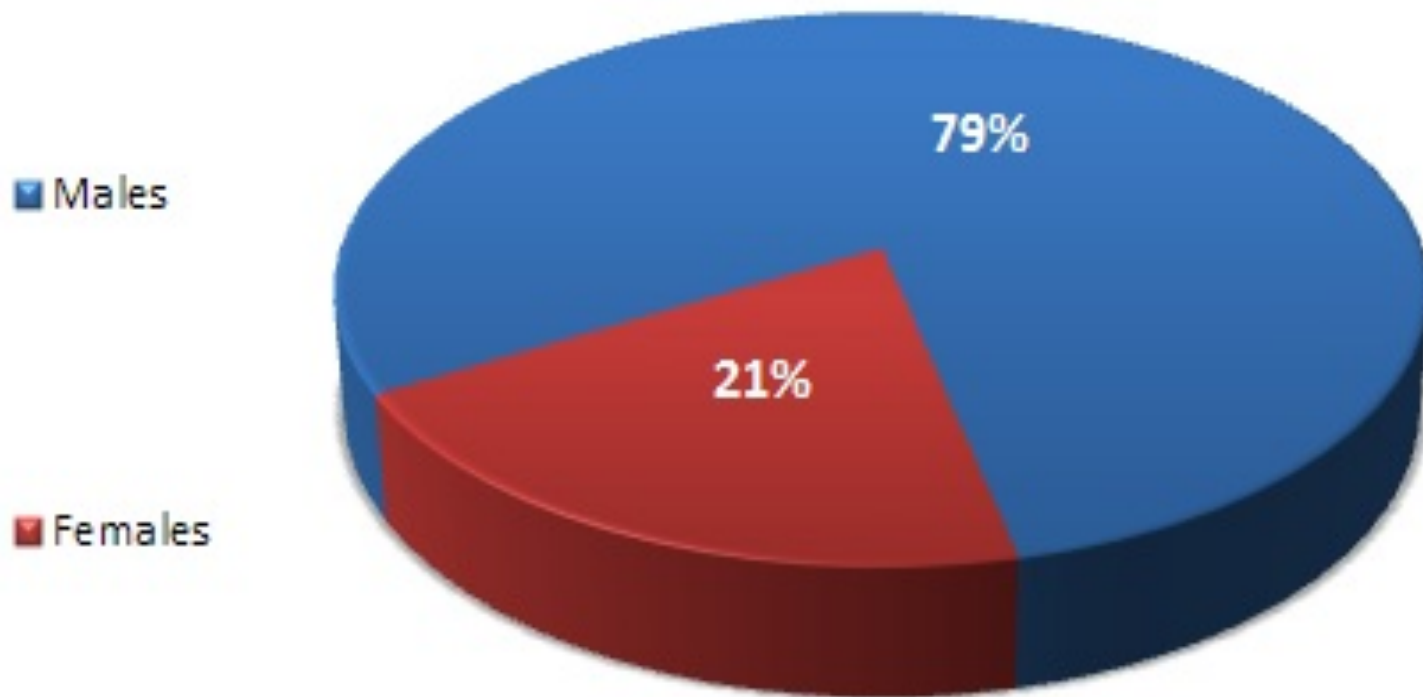
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- Statistics Continued:
- Men are nearly 4 times more likely to die by suicide than women. Women attempt suicide 3 times as often as men.
- Suicide rates are highest for people between the ages of 40 and 59. (American Foundation for Suicide Prevention)

# Suicide Intervention

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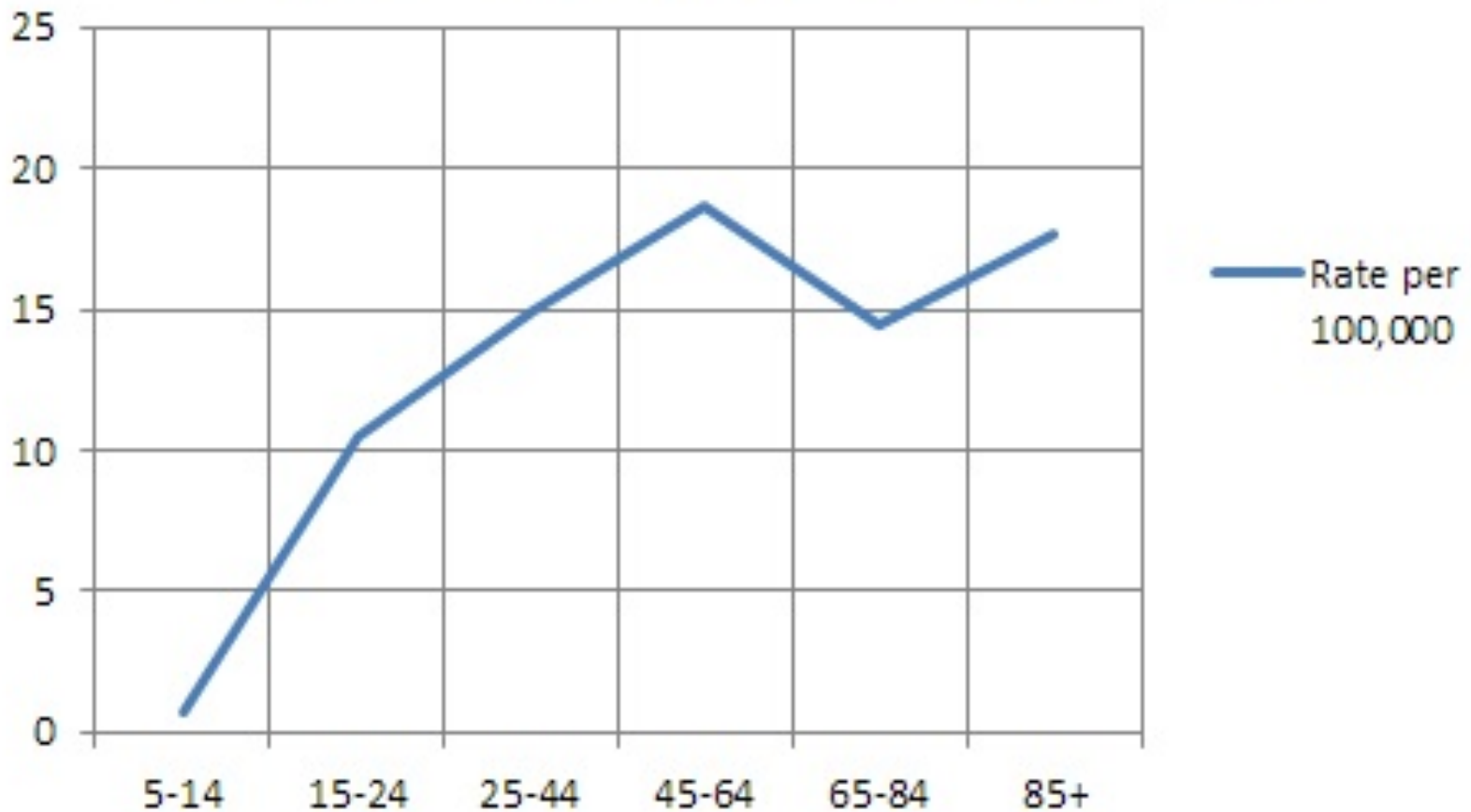
**Dist. of Suicide by Sex for 2010**



# Suicide Intervention

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## Suicide Rate by Age Group for 2010



# Suicide Intervention

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## Suicide Rate since 1993



# Suicide Intervention

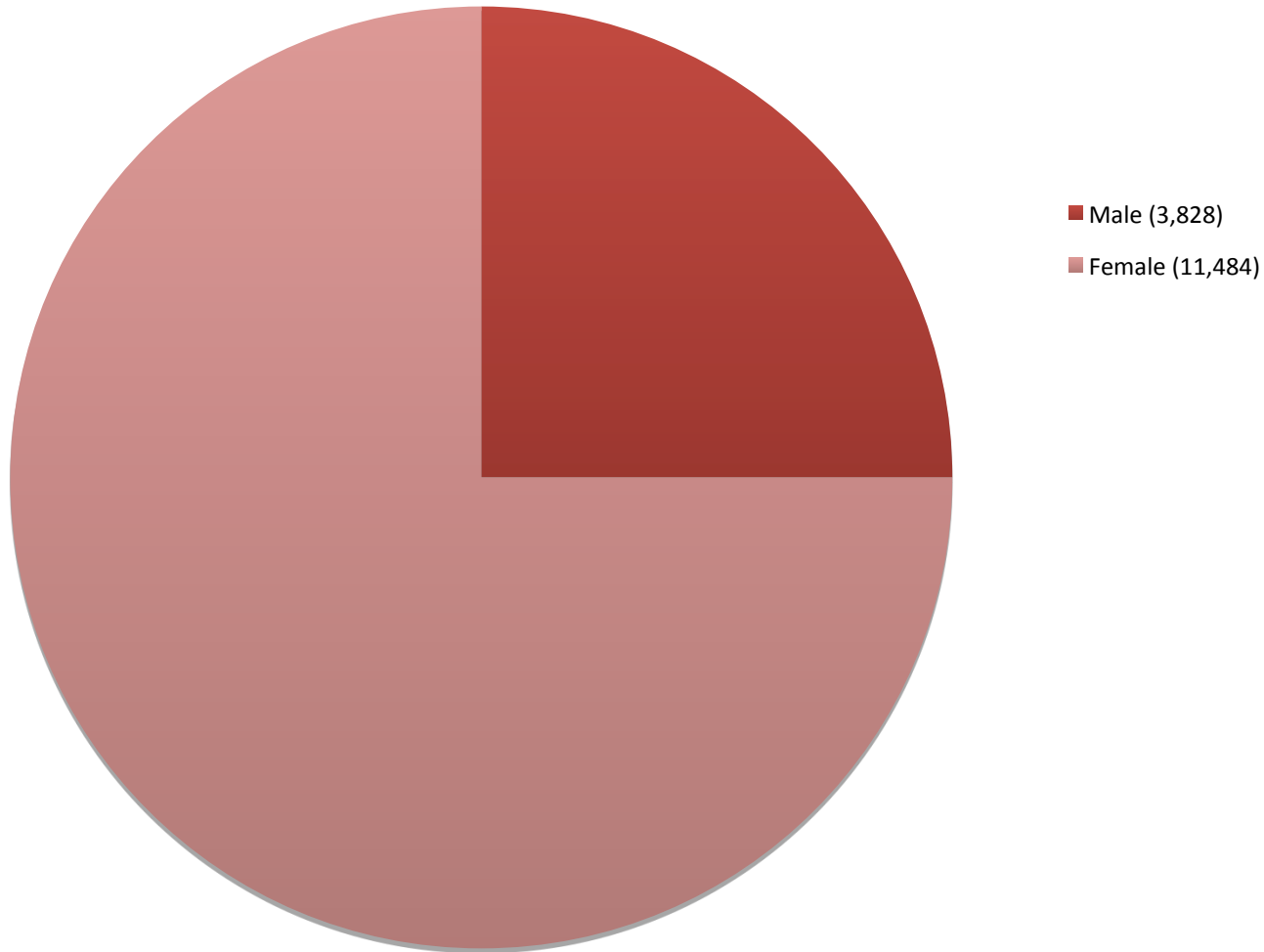
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- There are four male suicides for every female suicide, but three times as many females as males attempt suicide.
- There are an estimated 8-25 attempted suicides for every suicide death. (American Foundation for Suicide Prevention)
- There are four male suicides for every female suicide, but three times as many females as males attempt suicide.

# Suicide Intervention

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**Suicide Attempts By Gender**



# Suicide Intervention **DRAFT**

## Suicide Risk and Lethality Assessment

- Ask the question:  
“Are you thinking about killing yourself?”
- If the answer is YES, assess the level of risk using CPR

# Suicide Intervention

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## CPR

- C = Current Plan
- P = Previous Behavior
- R = Resources



# Suicide Intervention

## C= Current Plan

- “Do you have a plan in mind for how you will kill yourself?”
- “Do you have access to the \_\_\_\_\_ (gun, knife, rope, pills, car, etc.)?”
- “When do you plan to do this?”

# Suicide Intervention

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## **P= Previous Behavior**

- “Have you ever tried to kill yourself before?”
- “How did you try before?”
- “What happened after you attempt?”
- “Do you know anyone who has completed suicide?”

# Suicide Intervention

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## R= Resources

- “Do you have a counselor, case manager, or therapist?”
- “Who is generally helpful when you are having a difficult time?”
- “Who can come and be with you right now?”
- “What have you done in the past when you have felt like this or had these thoughts?”

# Written Test

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# Review

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- Determination that mental illness is a primary motivating factor in the incident
- Identify Crisis Intervention-Trained (CI-trained) officers to dispatch to the incident
- Utilize active listening principals while communicating with someone in crisis
- Suicide Risk and Lethality Assessment

# Contact Information

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Please direct any questions or comments to either:

- Sergeant Joe Fountain (206) 684-8183  
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- Officer Dan Nelson (206) 233-1098  
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